

HOUSE BILL 1833

By Armstrong

AN ACT to create the Tennessee Chronic Kidney Disease
Task Force.

WHEREAS, Chronic Kidney Disease (CKD) is a public health problem in the United States and in the state of Tennessee, affecting twenty-six million Americans nationwide; and

WHEREAS, persons with CKD are ultimately in danger of kidney failure which may ultimately require life sustaining dialysis or a kidney transplant; additionally, the likelihood of cardiovascular events and death is multiplied by CKD; and

WHEREAS, early identification of individuals with CKD, combined with appropriate intervention, can delay the progression of kidney disease and its complications, however, many persons with CKD are not aware that they have this condition; and

WHEREAS, the prevalence of CKD is greater among older persons and among persons with diabetes, cardiovascular disease, and hypertension, than among persons without these conditions. African Americans and Hispanics have a greater prevalence of CKD than non-Hispanic whites. This disparity among persons with stage-one CKD requires specific attention; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. There is created a state chronic kidney disease task force, hereafter referred to as the "task force," to improve the health of residents of Tennessee and potentially reduce demands on the state's medicaid program.

SECTION 2.

(a) The task force shall consist of twenty-seven (27) members, and shall be chaired by the chief medical officer for the department of health.

(b) There shall be a co-chair selected from the task force members.

(c) The task force shall include, but not be limited to the following members:

(1) Two (2) members of the house of representatives to be appointed by the speaker of the house of representatives, and two (2) members of the senate appointed by the speaker of the senate;

(2) The chief medical officer for the department of health or the commissioner's appointee;

(3) Two (2) physicians appointed from lists submitted by the state medical society;

(4) Three (3) nephrologists, one (1) from each of the three (3) grand divisions of the state;

(5) Three (3) primary care physicians, one (1) from each of the three (3) grand divisions of the state;

(6) Three (3) pathologists, one (1) from each of the three (3) grand divisions of the state;

(7) One (1) member who represents owners and operators of clinical laboratories in the state;

(8) Two (2) members who represent private renal care providers;

(9) Three (3) member who have chronic kidney disease, one (1) from each of the three (3) grand divisions of the state;

(10) One (1) pharmacist;

(11) Three (3) members who represent the kidney foundation affiliates, one from each of the three grand divisions of the state; and

(12) One (1) member from Q-Source, the Medicare Quality Improvement Organization (QIO) for Tennessee.

(d) Additional members may be chosen to represent public health clinics,

community health centers and private health insurers.

SECTION 3.

(a) The task force shall:

(1) Develop a plan to educate the public and health care professionals about the advantages and methods of early screening, diagnosis, and treatment of chronic kidney disease and its complications based on kidney disease outcomes quality initiative clinical practice guidelines for chronic kidney disease or other medically recognized clinical practice guidelines;

(2) Make recommendations on the implementation of a plan for early screening, diagnosis, and treatment of chronic kidney disease in the state, with the goal of slowing the progression of kidney disease to kidney failure, requiring treatment with dialysis or transplantation and prevention and treatment of cardiovascular disease; and

(4) Identify the barriers to adoption of best practices and potential public policy options to address these barriers, including the fragmentation of care among specialists and primary care physicians, and lack of access to primary care physicians are examples of barriers.

(b) The department of health shall provide all necessary staff, research and meeting facilities for the task force.

(c) The task force shall submit a report of its findings and recommendations to the general assembly no later than one (1) year from the date of its first meeting.

SECTION 4. This act shall take effect upon becoming a law, the public welfare requiring

it.